

Case Number:	CM13-0049732		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2008
Decision Date:	02/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for hand and wrist pain and carpal tunnel syndrome reportedly associated with an industrial injury of August 15, 2008. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a shoulder corticosteroid injection; a 22% whole-person impairment rating; psychotropic medications; adjuvant medications; and extensive periods of time off of work. In a utilization review report of October 24, 2013, the claim's administrator denied a request for a hand and wrist MRI, citing lack of supporting information. The claims administrator wrote that he did not receive supporting progress notes and therefore denied the request. A June 13, 2013 progress note states that the applicant is off of work, on total temporary disability and is awaiting surgery for left-sided carpal tunnel syndrome. The applicant is having ongoing issues with depression. She is on Cymbalta for her depressive symptoms. Operating diagnoses include chronic myofascial pain syndrome, cervical spine, chronic sprain in left shoulder, status post ulnar nerve release surgery, gastritis, depression, and insomnia. The applicant has diminished sensorium about the left second and third digits, it is noted. October 28, 2013 notes that the applicant has a diagnosis of left sided carpal tunnel syndrome for which electrodiagnostic testing and a carpal tunnel release surgery are sought.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI left hand and wrist without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)

Decision rationale: The gold standard test for carpal tunnel syndrome is, per American College of Occupational and Environmental Medicine (ACOEM) is electrodiagnostic testing, which is scored a 4/4 in its ability to identify and define carpal tunnel syndrome. In this case, the attending provider has not provided any rationale or information to try and offset the unfavorable ACOEM recommendation. It is not stated, for instance, that the applicant has had first line electrodiagnostic testing, which was negative or equivocal and that MRI imaging was being sought to clarify. For all these reasons, then, the original utilization review decision is upheld. The request remains non certified.